

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29287

FILED AUG 21 1951

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 137	
1. PLACE OF DEATH a. COUNTY Vernon 1082				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) Nevada				c. CITY (If outside corporate limits, write RURAL and give township) Rural---Washington 1080			
c. LENGTH OF STAY (In this place) 16 days				d. STREET ADDRESS (If rural, give location) Walker RR #1 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital							
3. NAME OF DECEASED (Type or Print)		a. (First) Ada		b. (Middle) Bell		c. (Last) Spencer	
4. DATE OF DEATH		(Month) Aug.		(Day) 3		(Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 20, 1889		9. AGE (In years last birthday) 62 1 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Clinton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bennett Duff		13b. MOTHER'S MAIDEN NAME Lara Bell		14. NAME OF HUSBAND OR WIFE Ernest Spencer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Spencer--Walker, Mo. RR			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli - Multiple ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute gangrenous appendicitis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION as in # 18-11		5501		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-28 , 19 51 , to 8-3 , 19 51 , that I last saw the deceased alive on 8-2 , 19 51 , and that death occurred at 1 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE Christa Davis, M.D.				23b. ADDRESS Nevada, Mo.		23c. DATE SIGNED 8-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/6/51		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		24d. LOCATION (City, town, or county) (State) Nevada Missouri	
DATE REC'D BY LOCAL REG. 8-11-51		REGISTRAR'S SIGNATURE Anna S. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eichinger Funeral Home Nevada, Mo. Marshall Eichinger			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

221
DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 13 1951

Dist. File 851-1480

Date Filed 8-13-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Henry C. Monroe

Licensed Embalmer No. 4495

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.